

|                                                                                                                                                        |               |                                                                                     |         |                                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------------------|
| No. <b>W 23011</b>                                                                                                                                     |               | <b>Due no later than Mar 31, 2015</b>                                               |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                           |         | D KEITH REESE<br>HWY 75 MILE MARKER 178<br>STANLEY 83278 |                     |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                           |         | 3. <u>New</u> Registered Agent Signature:*               |                     |
|                                                                                                                                                        |               | SAWTOOTH VALLEY BUILDERS LLC<br>D KEITH REESE<br>HC 64 BOX 9937<br>STANLEY ID 83278 |         |                                                          |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                     |         |                                                          |                     |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                | City    | State                                                    | Country Postal Code |
| MEMBER                                                                                                                                                 | D KEITH REESE | HC 64 BOX 9937                                                                      | STANLEY | ID                                                       | 83278               |
| MEMBER                                                                                                                                                 | JOHN T DEAN   | HC 64 BOX 9131                                                                      | KETCHUM | ID                                                       | 83340               |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                   |         |                                                          |                     |
| <b>ID<br/>W 23011</b>                                                                                                                                  |               | Signature: D. Keith Reese                                                           |         | Date: 01/18/2015                                         |                     |
|                                                                                                                                                        |               | Name (type or print): D. Keith Reese                                                |         | Title: Member                                            |                     |
| Processed 01/18/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.           |         |                                                          |                     |